

## OCCUPATIONAL HEALTH AND SAFETY ORIENTATION CHECKLIST

NOTE: FOR EMPLOYEES, THE HUMAN RESOURCES MANAGEMENT DIVISION INCLUDES A COPY OF THIS FORM IN THE ORIENTATION PACKAGE. FOR EMPLOYEES TRANSFERRING WITHIN NIST, IT IS THE NEW DIVISION'S RESPONSIBILITY TO PROCESS THIS FORM. FOR NONEMPLOYEES, IT IS THE HOST DIVISION'S RESPONSIBILITY TO PROCESS THIS FORM.

Instructions: This checklist has been designed to assist the supervisor in orienting a new appointee. It is important that the appointee's supervisor discuss with him/her the key occupational health and safety aspects of the job immediately upon reporting for duty. Please check the appropriate block(s) for each item discussed. If an item does not relate to this position, place N/A (not applicable) beside the box. Upon completion, supervisor and appointee must sign and date this form and send it within five (5) work days of appointee's entrance on duty (EOD) to the Safety Office, STOP 3540.

PLEASE PRINT OR TYPE

APPOINTEE (Last Name, First, Initial)	POSITION TITLE	DIVISION	SUPERVISOR (NAME)
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APPOINTMENT CATEGORY	ENTRY ON DUTY/REASSIGNMENT DATE
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- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> New Employee        | <input type="checkbox"/> Guest Researcher      | <input type="checkbox"/> IPA        |
| <input type="checkbox"/> Reassigned Employee | <input type="checkbox"/> Research Associate    | <input type="checkbox"/> Fellowship |
| <input type="checkbox"/> Summer Employee     | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer  |
| <input type="checkbox"/> Student             | <input type="checkbox"/> Faculty Appointee     | <input type="checkbox"/> Other      |

### A. EMERGENCIES AT NIST

- ☐ 1. Inform appointee that all emergency situations on the NIST site, such as fires, chemical spills/odors, injuries/illnesses (requiring an ambulance), etc., are to be reported immediately by calling the EMERGENCY NUMBER, extension 2222. This is a direct line to the NIST Emergency Control Center, staffed 24-hours a day. DIAL extension 2222 first, before any other action is taken!
2. Inform appointee about the NIST fire detection and alarm systems.
3. Explain procedures in the event of a fire.
- Get to safety.
  - Notify persons exposed to danger.
  - Call extension 2222 or pull nearest fire alarm box.
4. Discuss proper procedures for incident/accident reporting and what to do if an injury is sustained.

### B. SAFETY AWARENESS

- ☐ Discuss the importance of safety awareness in the lab, shop, office, etc. Refer to resources/policies available on the NIST internal information system Health and Safety Information web page ([www-i.nist.gov/admin/ohsd/hsinfo.htm](http://www-i.nist.gov/admin/ohsd/hsinfo.htm)).
1. Give appointee copies of pertinent NIST Health and Safety Instructions (HSI's) (see [www-i.nist.gov/admin/ohsd/hsinstrc.htm](http://www-i.nist.gov/admin/ohsd/hsinstrc.htm))
2. If appointee will be working in a laboratory/technical area:
- Give appointee a copy of the NIST Laboratory Safety Manual (see [www-i.nist.gov/admin/ohsd/hsismcon.htm](http://www-i.nist.gov/admin/ohsd/hsismcon.htm))
  - Instruct the appointee on:
    - NIST laboratory safety practices
    - Start-up/shut-down of equipment
    - Standard operating procedures (see HSI #20)
    - Required permits (i.e., confined space entry [see HSI #9], cutting/welding, etc.)
    - Labeling of hazardous chemical materials (see HSI #15)
    - Handling, storing, using hazardous chemicals/materials (see HSI #7 and #20)
    - Procedures for proper disposal of hazardous chemical materials (see HSI #16)
  - Is this assignment in an area where there is potential exposure to known/suspected carcinogens? (See HSI #10.)  
☐ NO ☐ YES Identify substances \_\_\_\_\_
3. Discuss with appointee how to avoid computer-related disorders. Go to <http://www-i.nist.gov/admin/ohsd/hsergos.htm> to register appointee for the next session of "Office Ergonomics: Working in Comfort", to learn how to set up a computer workstation for maximum comfort, plus techniques and work habits to help avoid computer-related repetitive motion disorders.
4. Will this appointee operate a powered industrial truck (i.e., forklift)? ☐ NO ☐ YES If yes, contact NIST Safety Office (x5818) to arrange for required training and certification.
5. Identify to appointee your Division Safety Representative (DSR), responsible for ensuring implementation of NIST's safety program within your respective division.

**C. PERSONAL PROTECTIVE EQUIPMENT**

Discuss the protective equipment required to safely perform this job. Provide/arrange for necessary training on proper use. Note actions taken.

	YES	NO	ACTION AND DATE
1. Eye/face protection <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Foot protection (safety shoes) <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Hand protection (gloves)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Head protection (hard hat)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Hearing protection (ear plugs/muffs) <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Respiratory protection <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Other _____ (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____

**D. OCCUPATIONAL HEALTH SCREENING**

Identify below substances to which appointees may be occupationally exposed. Baseline screening may be required prior to assignment. (See referenced HSI for details.) Supervisors are to contact the Industrial Hygienist, extension 5821, to add appointees to a screening program as necessary and note action below.

	YES	NO	ACTION AND DATE
1. Asbestos (see HSI #18)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Biological/Infectious Agents (see HSI #19)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Cholinesterase inhibitors (i.e., pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Hazardous Metals (i.e., lead, nickel, chromium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Mercury (vapor, compounds)	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Noise <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Other _____ (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____

**E. RADIATION SAFETY**

Will this work assignment involve the potential for radiation exposure? ☐ YES ☐ POSSIBLY ☐ NO

If YES or POSSIBLY, check appropriate box below, contact the Health Physics Group, extension 5800, and provide date of contact.

ACTION AND DATE	ACTION AND DATE
<input type="checkbox"/> Reactor _____	<input type="checkbox"/> Laser _____
<input type="checkbox"/> X-Ray _____	<input type="checkbox"/> Other _____

SUPERVISOR (NAME AND SIGNATURE)	DATE	TELEPHONE EXTENSION
APPOINTEE (NAME AND SIGNATURE)	DATE	TELEPHONE EXTENSION

<sup>1</sup> To obtain safety glasses, appointee must bring a completed Storeroom Requisition (Form NIST-293) and a current prescription (if necessary) to Building 301, Room B112, on Wednesdays, 9 a.m. to 11 a.m. Face shields and goggles are available in the Storerooms. See HSI #11 for complete information.

<sup>2</sup> To obtain a Protective Footwear Authorization/Cash Allowance Receipt, (Form CD-395), submit a memo to the Safety Office containing the following information: Appointee's name, position title, building, room, cost center to be charged, and a brief statement of foot hazardous assignment requiring the use of safety shoes. See HSI #12 for complete information.

<sup>3</sup> Ear muffs are available in the NIST storerooms. Ear plugs are available from the NIST Health Unit -- call extension 5131 to schedule an appointment for a fitting. See HSI #4 for complete information.

<sup>4</sup> Medical evaluation and fit-test may be required prior to use -- call extension 5821 to arrange. See HSI #17 for complete information.

<sup>5</sup> Within 5 days of EOD, EVERY permanent employee (and other appointment categories that will be occupationally exposed to noise levels of > 85 dBA) must schedule an appointment with the Health Unit, extension 5131, for a baseline audiogram. See HSI #4 for complete information.